

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, November 16, 2018 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

**I. Attendance/Call to Order**

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Director Layla P. Suleiman Gonzalez, PhD, JD (2)

Board Chair M. Hill Hammock (ex-officio) and Director Mary B. Richardson-Lowry

Patrick T. Driscoll, Jr. (Non-Director Member)

Absent: Mary Driscoll, RN, MPH (1)

Additional attendees and/or presenters were:

Oluwatoyin Adeyemi, MD - Senior Director of HIV Services

Debra Carey – Deputy Chief Executive Officer, Operations

Linda Follenweider – Cermak Health Services of Cook County

Kent Ray –Associate General Counsel

Deborah Santana – Secretary to the Board

Ronald Wyatt, MD – Chief Quality Officer

**II. Public Speakers**

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

**III. Report from Chief Quality Officer**

**A. Regulatory and Accreditation Updates**

**B. Metrics (Attachment #1)**

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

Board Chair Hammock inquired whether there are other measures that should be added for the Board's benefit, or whether the metrics as presented are considered to be complete. Additionally, he recommended that the metrics as presented be split amongst three (3) pages, for better visibility. Dr. Wyatt responded that staff are working on another dashboard with different indicators; when that work is complete, he plans to share that with the Committee.

During the discussion of the Utilization metrics, Director Richardson-Lowry stated that it would be good to have a discussion, particularly by the 2<sup>nd</sup> quarter of next year, where Dr. Wyatt would present and give details around some of the incremental changes that have been made towards improvement, and those changes anticipated being made in the future; additionally, she is interested in hearing about some of the areas where improvement is a challenge. She also sees this as an area impacted by cultural competency and social determinants, so she is interested in hearing his perspective on what the organization can do there.

### **III. Report from Chief Quality Officer (continued)**

Director Suleiman Gonzalez noted that cultural competence comes up in different ways and in different conversations; she wondered if there is a way to figure out an index that allows for tracking to determine whether cultural competence may be playing a role in impacting these indicators.

#### **C. Report from Infection Prevention (Attachment #2)**

Dr. Wyatt provided an overview of the Report from Infection Prevention, which included information on the following subjects:

Stroger Hospital – Goals, Gaps/Barriers/Best Practice, Corrective Measures for:

- Central Line Associated Bloodstream Infections (CLABSIs)
- Catheter-Associated Urinary Tract Infections (CAUTIs)
- Ventilator-Associated Events (VAEs)
- Infection-Related Ventilator Associated Complication and Possible Ventilator-associated Pneumonia (IVAC Plus)
- Surgical Site Infections (SSIs)
- Healthcare Facility Onset Clostridium difficile
- Healthcare Facility Onset Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia
- Carbapenem-Resistant Enterobacteriaceae
- Hand Hygiene
- Infection Prevention and Control Dashboard

#### **D. Report on HIV Services (Attachment #3)**

Dr. Oluwatoyin Adeyemi, Senior Director of HIV Services, provided an overview of the Report on HIV Services, which included information on the following subjects:

- The HIV Care Continuum
- Getting to Zero Illinois
- Cook County CORE HIV Integrated Programs (CCHIP):
  - Organizational Goals
  - Demographics
  - Quality Plan
- Patient Satisfaction Surveys
- Retention in Care and Viral Suppression
- HIV (Non-ACHN) Screening Initiatives

### **IV. Action Items**

#### **A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)**

There were none presented for the Committee's consideration.

**IV. Action Items (continued)**

**B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County**

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, were not present and did not provide a report.

Director Suleiman Gonzalez, seconded by Chair Gugenheim, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Suleiman Gonzalez, seconded by Chair Gugenheim, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

**C. Minutes of the Quality and Patient Safety Committee Meeting, October 19, 2018**

Director Suleiman Gonzalez, seconded by Chair Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of October 19, 2018. THE MOTION CARRIED UNANIMOUSLY.

**D. Any items listed under Sections IV and V**

**V. Closed Meeting Items**

- A. Medical Staff Appointments/Re-appointments/Changes
- B. Litigation Matter(s)
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996

Director Suleiman Gonzalez, seconded by Chair Gugenheim, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline

**V. Closed Meeting Items (continued)**

or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Gugenheim and Director Suleiman Gonzalez (2)  
Nays: None (0)  
Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY and the Committee recessed into a closed meeting.

Chair Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

**VI. Adjourn**

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

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Ada Mary Gugenheim, Chair

Attest:

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Deborah Santana, Secretary

Requests/follow-up:

Request: A request made for the metrics to be enhanced for better visibility. (Page 1)

Follow-up: A request was made for a future discussion (by 2<sup>nd</sup> quarter of 2019) on incremental changes that have been made or are anticipated regarding improvement of Utilization metrics. (Page 2)

Follow-up: A suggestion was made to develop an index that allows for tracking to determine whether cultural competence may be playing a role in impacting the indicators. (Page 2)